

**State of Delaware**  
**Aflac Group Coverage Effective Dates**  
**For**  
**Newly Eligible Employees**

<b>Date of Hire/Eligibility</b>	<b>Apply for Coverage by</b>	<b>Aflac Coverage Effective Date</b>
May 1-31	June 30	July 1
June 1-30	July 31	August 1
July 1-31	August 31	September 1
August 1-31	September 30	October 1
September 1-30	October 31	November 1
October 1-31	November 30	December 1
November 1-30	December 31	January 1
December 1-31	January 31	February 1
January 1-31	February 29	March 1
February 1-29	March 31	April 1
March 1-31	April 31	May 1
April 1-30	May 31	June 1